INCIDENT/INVESTIGATION
INTERNAL COPY

INCIDENT DATA

Agency Name	*Virginia Tech Police Department*
ORI	*VA0600400*
Case#	*05-0897*
Date / Time Reported	*11/27/2005 23:35 Sun*
Last Known Secure	*11/27/2005 23:35 Sun*
At Found	*11/27/2005 23:35 Sun*
Location of Incident	*4021 Ambler Johnston West, Virginia Tech VA 24061-*
Premise Type	*School/college*
Zone/Tract	S

#1	Crime Incident(s) (Com) *Phone Calls-annoying 926*	Weapon / Tools		Security	Activity
		Entry	Exit		
#2	Crime Incident ( )	Weapon / Tools		Security	Activity
		Entry	Exit		
#3	Crime Incident ( )	Weapon / Tools		Security	Activity
		Entry	Exit		

MO

VICTIM

# of Victims *1* | Type: INDIVIDUAL (NOT A LE OFFICER) | Injury:

	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
V1	*NELSON, JENNIFER ELISE*	*1*	*10/21/1986 Age 19*	*W*	*F*		*Resident*	

Home Address	*4021 WEST AMBLER JOHNSTON , Blacksburg, VA 24061-*
Home Phone	*540-232-4663*
Employer Name/Address	*(STUDENT)*
Business Phone	

VYR	Make	Model	Style	Color	Lic/Lis	VIN

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address	Home Phone
Employer Name/Address	Business Phone

Type:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address	Home Phone
Employer Name/Address	Business Phone

PROPERTY

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown
("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number

Officer/ID# *Move, Scott T (PATL) (0270)*

Invest ID# *(0)* | Supervisor *(0)*

Status | Complainant Signature | Case Status *Inactive - Pending 02/17/2006* | Case Disposition:

Printed By: LUCASHD, PCVTP-078 Sys#: 2372 04/17/2007 16:18:02

Incident Report Additional Name List

OCA: *05-0897*

Virginia Tech Police Department

Additional Name List

	NameCode/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1)	*WI 1*	*HASH, SARAH ANN*		*08/03/1987*	*18*	*W*	*F*
	Address	*4021 West Ambler Johnston , Blacksburg, VA 24061-*		**H:** *540-232-4663*			
	Empl/Addr			**B:** - -			

INCIDENT/INVESTIGATION REPORT

By: LUCASHD, PCVTP-078 04/17/2007

Virginia Tech Police Department

Case# *05-0897*

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

DRUGS

IBR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity

Assisting Officers

POFF, B.S. (3166)

Suspect Hate / Bias Motivated:

NARRATIVE

On 11-27-2005 at 2337 hours I, Officer S.T. Moye, was dispatched to 4021 West Ambler Johnston in reference to a female who was being harassed. When I arrived I spoke with Jennifer Nelson (V1). V1 stated that she had been receiving instant messages from a guy she identified through facebook and that on this date he had called her and came by her room. V1 said she had no idea who the person was, but that he had said he went to high school with her.

V1 stated that the subject called for her at around 2315 hours, but her roommate Sarah Hash (W1) answered the phone. V1 stated that W1 asked who was calling and that the subject would not state who he was.

At approximately 2330 hours V1 stated that they heard a knock on their door. She stated that W1 went to the door and saw an Asian male wearing a Carhartt type coat with the hood up, aviator sunglasses, a blue flannel shirt, and blue jeans standing at the door. W1 stated that he asked for Jennifer and she told him that she was not there. V1 and W1 stated that they asked the male who he was and he stated that he was "the question mark kid". V1 stated that they told him they were calling the police and he said "Alright I'm leaving."

V1 showed me the subject's page on facebook. There was a picture of a male in a white nike t-shirt whose face was whited out with a question mark placed in the void. The name on the profile was "Question Mark" Also listed as a screen name was "spankyjelly". V1 stated that she had received multiple instant messages from the screen name of "spankyjelly". The subject gave a false address of 6009 Cochrane Hall and a false email address of spanky@vt.edu. V1 added that there was a male in her British Literature class who had told the professor that his name was "Question Mark" and that he was Asian. She believed it could be the same person, but did not know his name.

V1 stated that she was concerned about the situation. She stated that the subject known as "Question Mark" knew things about her (such as her middle name) that she did not believe was listed anywhere. I told V1 that I would look into the incident and get back in touch with her.

Upon returning to the police department I returned to www.facebook.com and looked up Question Mark. I began searching through the people he had listed as friends and came across Andrew Koch and Christopher Tuck, both of whom lived in room 3032 Cochrane Hall. I spoke with one of the subjects in their room and asked if they knew who "Question Mark" was. He stated that it was Seung Hui Cho (OF1) who lived in room 3032 Cochrane Hall.

I went to room 3032 and spoke to OF1 at around 0050 hours. I asked OF1 if he knew why I was there and he said, "Because of the thing in West AJ?" I read OF1 his Miranda rights and proceeded with questioning. OF1 stated that he knew V1 from his British Literature class. He stated that he meant no harm by what he was doing and "it was like ha-ha, a joke". I told OF1 that he had frightened V1 and he stated that he had not meant to. I asked OF1 why he went by the room and he stated that he just wanted to say hello. I asked him why he wore sunglasses and a hood to go say hello and he stated, "Because my eyes are very sensitive." I reminded OF1 that it was approximately 2330 hours when he did this and he did not respond.

OF1 was given a waiver of rights form, which he signed, and was allowed to write a statement at 0116 hours (attached). OF1 said that he wanted V1 to read it so that she would understand that he meant no harm. I told OF1 that there could be a judicial referral filed, but that at that time no criminal charges were being placed. OF1 was

advised not to make contact with V1 by any means. He stated that he would not have any more contact with her.

I then returned to West Ambler Johnston to speak with V1. V1 was allowed to read the statement and stated that she did not want to press criminal charges. V1 did indicate that she would be comfortable testifying in a judicial referral hearing if I filed for one. I advised her that I would. I told V1 that I had advised OF1 not to make contact with her. I also advised V1 not to initiate any contact with OF1. V1 was thankful and seemed satisfied with the results of the case.

A judicial referral is being filed for harassment on OF1. At this time there are no criminal charges being pursued. It is my recommendation that this case be declared closed.

Incident Report Suspect List

Virginia Tech Police Department

OCA: *05-0897*

1

Name (Last, First, Middle)	Also Known As	Home Address
Cho, Seung Hui		*2121 HARPER HALL BLACKSBURG, VA 24061 540-232-6213*
Business Address *,STUDENT*		

DOB.	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.
01/18/1984	*21*	*A*	*M*	*N*	*508*	*150*	*BLK*	*BRO*	*LBR*	*T60870006 VA*

Scars, Marks, Tattoos, or other distinguishing features

Reported Suspect Detail Suspect Age	Race	Sex	Height	Weight	SSN

Weapon, Type	Feature	Make	Model	Color	Caliber	Dir of Travel / Mode of Travel

VehYr/Make/Model	Drs	Style	Color	Lic/St	VIN

Notes

Physical Char

INCIDENT/INVESTIGATION
INTERNAL COPY

INCIDENT DATA

Agency Name	*Virginia Tech Police Department*
ORI	*VA0600400*
Case#	*05-0944*
Date / Time Reported	*12/12/2005 11:45 Mon*
Last Known Secure	*12/09/2005 11:45 Fri*
At Found	*12/12/2005 11:45 Mon*
Location of Incident	*306 Campbell Hall East, Virginia Tech VA 24061-*
Premise Type	*School/college*
Zone/Tract	C

#1	Crime Incident(s) (Com) *All Other Non Reportable Offenses 1000*	Weapon / Tools	Activity		
		Entry	Exit	Security	
#2	Crime Incident ( )	Weapon / Tools	Activity		
		Entry	Exit	Security	
#3	Crime Incident ( )	Weapon / Tools	Activity		
		Entry	Exit	Security	

MO

VICTIM

# of Victims *1* | Type: INDIVIDUAL (NOT A LE OFFICER) | Injury: None

	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
V1	*BOWMAN, MARGARET*	*1*	*09/07/1986 Age 19*	*W*	*F*	*1AQ*	*Resident*	

Home Address	*306 EAST CAMPBELL HALL , Blacksburg, VA 24061-*
Home Phone	*540-292-9994*
Employer Name/Address	*(STUDENT)*
Business Phone	

VYR	Make	Model	Style	Color	Lic/Lis	VIN

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address	Home Phone
Employer Name/Address	Business Phone

Type:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address	Home Phone
Employer Name/Address	Business Phone

PROPERTY

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown
("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number

Officer/ID# *Mcclanahan, Eric G (PATL) (7501)*

Invest ID# *Mcclanahan, Eric G (PATL) (7501)* Supervisor *(0)*

Status: Complainant Signature | Case Status *Inactive - Pending 12/13/2005* | Case Disposition:

Printed By: LUCASHD, PCVTP-078 Sys#: 2425 04/17/2007 16:16:26

Virginia Tech Police Department

Case# *05-0944*

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

DRUGS

IBR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity

Assisting Officers

GALLEMORE, T.R. (7035)

Suspect Hate / Bias Motivated:

NARRATIVE

REPORTING OFFICER NARRATIVE

Virginia Tech Police Department		OCA 05-0944
Victim: *BOWMAN, MARGARET*	Offense: *ALL OTHER NON REPORTABLE OFFENSES*	Date / Time Reported: *Mon 12/12/2005 11:45*

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On 12/12/2005 at approximately 11:45, Officer Gallemore and I, Officer EG McClanahan, responded to 306 East Campbell in reference to a harassment call. Upon arrival, we spoke with Margaret Ashlee Bowman who identified herself as the complainant and victim. Ms. Bowman stated that an acquaintance, Mr. Seung-Hui Cho, had sent her an unwanted instant message on Friday, December the 9th and had recently left a message on her marker board outsider her dorm room. We asked Ms. Bowman to explain her complaint in further detail. Ms. Bowman stated that she didn`t know Mr. Cho that well, that he was a friend of a friend and that she seemed it kind of strange that he sent her the instant message. Ms. Bowman further explained that on Sunday evening, December 11, a Shakespeare exert was written on her marker board hanging outside her dorm room. Ms. Bowman stated that she did not stay at her dorm room Sunday night and upon returning to her dorm room after her exam Monday morning, December 12 at 08:30, a continuation of the Shakespeare exert had been added. Ms. Bowman stated that she had reason to believe that Mr. Cho was the person who done this by information relayed to her from mutual friends who during their conversation about the events taking place with Mr. Cho he commented that "Shakespeare wrote it". Ms. Bowman stated that she did not want any more contact with Mr. Cho and asked us to make him aware of that. Officer Gallemore left Mr. Cho a message with his roommate to contact him or myself and also sent an email stating the same. This officer will attempt to make contact with Mr. Cho at the earliest possible time.

Incident Report Suspect List

Virginia Tech Police Department

OCA: *05-0944*

1

Name (Last, First, Middle)	Also Known As	Home Address
Cho, Seung Hui		*2121 HARPER HALL BLACKSBURG, VA 24061 540-232-6213*
Business Address *,STUDENT*		

DOB.	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.
01/18/1984	*21*	*A*	*M*	*N*	*508*	*150*	*BLK*	*BRO*	*LBR*	*T60870006 VA*

Scars, Marks, Tattoos, or other distinguishing features

Reported Suspect Detail Suspect Age	Race	Sex	Height	Weight	SSN

Weapon, Type	Feature	Make	Model	Color	Caliber	Dir of Travel / Mode of Travel

VehYr/Make/Model	Drs	Style	Color	Lic/St	VIN

Notes

Physical Char

INCIDENT/INVESTIG[illegible]ION

INTERNAL COPY

Case# 05-0948

INCIDENT DATA

Agency Name: Virginia Tech Police Department
ORI: VA0600400
Location of Incident: 3032 Cochrane Hall, Virginia Tech VA 24061-
Premise Type: School/college
Zone/Tract: S
Date / Time Reported: 12/13/2005 19:09
Last Known Secure: 12/13/2005 19:09
At Found: 12/13/2005 19:09

	Crime Incident(s)		Weapon / Tools	Entry	Exit	Security	Activity
#1	Mental/tdo/eco 931	(Com)					
#2	Crime Incident	( )					
#3	Crime Incident	( )					

MO

VICTIM

of Victims: 1 | Type: GOVERNMENT | Injury:

V1	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Milit Branch/
	COMMONWEALTH OF VA	1	Age				Unknown	

Home Address: , VA 24060-
Employer Name/Address:
Home Phone:
Business Phone:

VYR	Make	Model	Style	Color	Lic/Lis	VIN

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type: INDIVIDUAL (NOT A LE OFFICER)

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Militar Branch/St
RP	KOCH, ANDREW JOSEPH		03/24/1986 Age 19		M			

Home Address: 3035 Cochrane Hall Blacksburg, VA 24061
Employer Name/Address:
Home Phone: 540-232-6646
Business Phone: 804-229-3464

Type:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Militar Branch/St

Home Address:
Employer Name/Address:
Home Phone:
Business Phone:

PROPERTY

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown
("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number

Officer/ID#: Lucas, Howard Dean (PATL) (6153)
Invest ID#: (0)
Status: Complainant Signature

Printed By: LUCASHD, PCVTP-078

Case Status: Inactive - Pending 02/17/2006
Supervisor:
Case Disposition: (0)

Sys#: 2429

04/17/2007 16:13:3

INCIDENT/INVESTIGATION REPORT

Virginia Tech Police Department

By: LUCASHD, PCVTP-078 04/17/2007

Case# *05-0948*

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

DRUGS

IBR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity

Assisting Officers

WEAVER, K.D. (5167)

Suspect Hate / Bias Motivated:

NARRATIVE

Incident Report Suspect List

Virginia Tech Police Department

OCA : *05-0948*

1

Name (Last, First, Middle)	Also Known As	Home Address
Cho, Seung Hui		*2121 HARPER HALL* *BLACKSBURG, VA 24061* *540-232-6213*
Business Address *,STUDENT*		

DOB.	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.
01/18/1984	*21*	*A*	*M*	*N*	*508*	*150*	*BLK*	*BRO*	*LBR*	*T60870006 VA*

Scars, Marks, Tattoos, or other distinguishing features

Reported Suspect Detail	Suspect Age	Race	Sex	Height	Weight	SSN

Weapon, Type	Feature	Make	Model	Color	Caliber	Dir of Travel Mode of Travel

VehYr/Make/Model	Drs	Style	Color	Lic/St	VIN

Notes

Physical Char

REPORTING OFFICER NARRATIVE

Virginia Tech Police Department		OCA *05-0948*
Victim *COMMONWEALTH OF VA*	Offense *MENTAL/TDO/ECO*	Date / Time Reported *Tue 12/13/2005 19:09*

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On 12-13-05 at approximately 1909 hours, I Officer Lucas received a phone call from Andy Koch in reference to case # 050944. Andy advised that Mr. Seung Hui Cho had sent him an instant message earlier today saying that he was thinking about killing himself. Andy advised that Mr. Seung Hui Cho was back in his room at this time located at room 3032 Cochrane Hall. At that time Officer Weaver and I responded to Cochrane Hall to speak to Mr. Cho. Upon arriving we met with Mr. Cho who was sitting at his desk. We introduced ourselves to Mr. Cho and asked if he was doing okay. Mr. Cho seemed to be shy or down about something. I asked Mr. Cho if he knew why we were there and he said, "no." I asked Mr. Cho if he knew Andy Koch and he said, "yes we are friends." I asked Mr. Cho about the instant message he had sent to Andy regarding him hurting or killing himself and he said that he was joking. We tried to obtain more information from Mr. Cho but he would not give much of a response. We asked Mr. Cho if he would come with us to the Va. Tech PD to speak to a counselor and he came willingly.

Ms. Kathy Godbey with Access interviewed Mr. Cho and decided that he needed to go to a medical facility. Ms. Godbey was able to obtain a TDO from Magistrate Elinor Williams. Ms. Godbey was able to get Mr. Cho committed to NRVMC Saint Albans.

I transported Mr. Cho to the Blacksburg Annex to pick up the TDO and then transported him to NRV Saint Albans. Upon arrival at Saint Albans I released Mr. Cho to Sabrina Blankenship(security).

Lt. Albert contacted Ms. Tricia Smith the Administrator on Call for Residential Life in reference to this situation.

INVOLUNTARY COMMITMENT PROCESS — WRITTEN EXPLANATION

Commonwealth of Virginia

VA. CODE § 37.1-67.3

COURT CASE NO. 121GM3400502020

Montgomery County

☐ Juvenile and Domestic Relations District Court

☒ General District Court

In re: SEUNG-Hui CHO

To the respondent:

You have the right to retain private counsel or be represented by a court-appointed attorney in this proceeding.

You may present any defenses you have to your involuntary commitment including independent evaluations, expert testimony, and the testimony of other witnesses.

You have the right to be present and to testify during the hearing.

You have the right to appeal to the circuit court any certification for involuntary commitment, and to have a jury trial on appeal.

I have received a copy of this written explanation and its contents have been explained to me.

The judge may rely solely upon the evaluations and reports of the appointed examiner and of the Community Services Board, to order your involuntary commitment, if these reports are not contested by you.

12/14/05
DATE

SIGNATURE OF RESPONDENT

I have determined that the respondent has received this form and its contents have been explained to him.

12/14/05
DATE

JUDGE

EMPORARY DETENTION ORDER

Case No. [redacted]

ommonwealth of Virginia
. Code §§ 16.1-340; 37.2-809; 19.2-169.6, 19.2-177.1, 19.2-182.9

[X] General District Court [ ] Circuit Court

[ ] Juvenile and Domestic Relations District Court

D

Montgomery
Seung-Hui Cho
3032 Cochrane Hall, , Blacksburg, VA 24060
NAME AND ADDRESS OF RESPONDENT

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN MO DAY YR.	HT. FT. IN.	WGT.	EYES	HAIR
A	M	01/18/1984	5' 08"	150	BRO	BLK

SSN [redacted]
DLS STATE

O ANY AUTHORIZED OFFICER OF: Va Tech PD
ased upon facts presented in the detention hearing, and based upon advice presented by

Cathy Godbey
person skilled in the assessment or diagnosis and treatment of mental illness who has ompleted a certification program approved by the Department of Mental Health, ental Retardation and Substance Abuse Services, the undersigned judicial officer inds probable cause to believe that the respondent:

X] pursuant to § 37.2-809, is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self, and is incapable of volunteering or unwilling to volunteer for treatment.

:] pursuant to § 16.1-340, is a juvenile who is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self, and is incapable of volunteering or unwilling to volunteer for treatment.

:] pursuant to subdivision A 2 of § 19.2-169.6, is a defendant in custody and awaiting trial, and is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self.

[ ] pursuant to subdivision B of § 19.2-176, is a defendant who has been convicted of a crime but not yet sentenced and is mentally ill and in need of hospitalization, poses an imminent danger to self or others if not immediately hospitalized, or is so seriously mentally ill as to be substantially unable to care for self.

[ ] pursuant to § 19.2-177.1, is a defendant who it in the custody of a local correctional facility after having been sentenced for a crime and is mentally ill and in need of hospitalization, and presents and imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self.

_____, a person who has custody of the respondent has filed a petion to commence the mental commitment proceeding.

[ ] pursuant to § 19.2-182.9, is an acquittee on conditional release, and has violated the conditions of release or is no longer a proper subject for conditional release, and requires emergency evaluation to assess the need for inpatient hospitalization.

[ ] The respondent is currently in a juvenile detention or shelter care facility.

THEREFORE, you are commanded to take the respondent into custody and transport the respondent from the respondent's present location at

Virginia Tech PD, Blacksburg, VA 24060
CURRENT LOCATION OF RESPONDENT

to: Carilion St. Albans Behavioral 2900 Lamb Circle, Christiansburg, VA 24073
NAME AND ADDRESS OF FACILITY

[ ] Prior to placement in the above facility, transport the respondent to a medical facility to obtain emergency medical evaluation or treatment.

The duration of temporary detention may not exceed the period authorized in Virginia Code § 37.2-809, § 16.1-340, subdivision A 2 of § 19.2-169.6, subdivision B of § 19.2-176, § 19.2-177.1, or § 19.2-182.9. If this order commands that the respondent be detained pursuant to § 37.2-809, the director of the facility of temporary detention may release the respondent prior to a hearing as authorized in § 37.2-814 if it appears, based on an evaluation conducted by the psychiatrist or clinical psychiatrist treating the respondent, that the respondent would not present an imminent danger to self or others if released. If the respondent is detained by this order pursuant to §16.1-340 subdivision A 2 of § 19.2-169.6, subdivision B of § 19.2-176, §19.2-177.1, or §19.2-182.9, the director of the facility of temporary detention may not release the respondent without an order of a judge. If the judicial officer issues this order pursuant to § 37.2-809, § 16.1-340, subdivision A 2 of §19.2-169.6, subdivision B of §19.2-176, or § 19.2-177.1, this order becomes void if not executed within:

[x] 24 hours [ ] _____ hours after issuance.

12/13/2005 10:12 PM
DATE AND TIME OF ISSUANCE

Elinor E. Williams — Elinor E. Williams
JUDGE/MAGISTRATE/CLERK/JUSTICE

Respondent discharged from institution on this day: _____ by _____
NAME/TITLE

EXECUTED by delivering a copy of this Order

to the respondent on this day 12-13-05 2250
DATE AND TIME OF EXECUTION

12-13-05 2250
DATE AND TIME RESPONDENT DELIVERED TO FACILITY

Howard D. Lucas
OFFICER TAKING RESPONDENT INTO CUSTODY

208 VA Tech PD
BADGE NO., AGENCY, AND JURISDICTION

for _____ SHERIFF

EMB-1 (Code §) REVISED 7/05

TDO 121GM3400502020

Approved by the Attorney General

DMH 1006 (Rev. 4/00)

Commonwealth of Virginia

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

PROCEEDINGS FOR CERTIFICATION FOR INVOLUNTARY ADMISSION TO A PUBLIC or PRIVATE LICENSED MENTAL HEALTH FACILITY

PURSUANT TO §§37.1 - 67.1 through 37.1 - 67.3, Code of Virginia (1950), as amended.

City / County of Montgomery To wit:

PETITION

General District Court / To the Judge or Special Justice of the Juvenile and Domestic Relations District Court of the City / County of Montgomery

In the matter of Seung Hui Cho
Given Name Middle Name(s) Surname

Soc. Security No [redacted] Birth Date 1/16/81 Sex M Permanent Address [redacted]
St. & Number or Route No.

Centerville VA 24061
City or Post Office State Zip Code

Legal Resident* of Fairfax County City

a person alleged to be Mentally Ill
indicate whichever applies: Mentally Ill, Alcoholic, Drug Addict

who is now in the care of VTPD
Name Address Relationship

The undersigned petitioner alleges that the above person is mentally ill and in need of hospitalization. In support of the allegation, the petitioner, submits the following facts:

X Prescreening evaluation has been made and the report recommending hospitalization is attached.

Wherefore, your petitioner prays that the said Seung-Hui Cho be examined and accorded such assistance provided by law.

Date 12-13 2005 SIGNED Edward O. Lucas

Relation to person None Address —

Phone number 231-6411 If public officer, give title Police Officer

The foregoing petitioner, being duly sworn, deposes and says that the statements set forth above are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me on this 13 day of December, 2005

Kathy M. Godsey
Judge, Special Justice, or Notary Public

Kathy M. Godsey 961-8400
Print Name Phone Number

Commission expires on March 31, 2007 Title Notary Public

*§ 37.1-1(12) "Legal Resident" of Virginia means any person who is a bona fide resident of the Commonwealth of Virginia.

PRINT or TYPE ALL INFORMATION EXCEPT WHERE SIGNATURES ARE REQUIRED.

PREPARE AND SEND TO THE STATE HOSPITAL OR OTHER FACILITY TO WHICH PATIENT IS ADMITTED.

GENERAL INFORMATION

Place of Birth _____

Marital status: Single _____ Married _____ Widowed _____ Divorced _____

Separated _____ Unknown _____

Race _____

Religion: Protestant _____ Catholic _____ Jewish _____ Other _____ Unknown _____

Occupation _____

Nearest Relative or Correspondent _____
Name Address Telephone No. Relationship

PHYSICIAN'S EXAMINATION

Mental Information:

State briefly mental symptoms of patient: Oriented x 4. Affect is flat and pt is depressed. He denies suicidal ideation. He does not acknowledge symptoms of a thought disorder. His insight and judgment are poor.

When first observed 12/14/05 How rapid development _____

Has patient attempted suicide: Yes _____ No ✓ If yes, explain _____

Has patient attempted homicide: Yes _____ No ✓ If yes, explain _____

If mentally retarded, state intellectual level, if available _____

Has patient had previous psychiatric care? Yes _____ No ✓ Unknown _____

If yes, name hospital, clinic or private psychiatrist

_____ _____
Name Address

_____ _____
Name Address

_____ _____
Name Address

Alcoholic habits (state briefly, if known) none

Drug habits (state briefly, if known) none

Physical Information:

State briefly any present or recent physical disease, illness or injury none

Is patient on medication? Yes _____ No ✓ If yes, what _____

A. COMMONWEALTH OF VIRGINIA

City/
County of Montgomery

I, the undersigned physician, do certify that I have this day personally examined the person named in the foregoing petition and as the result of such examination have sufficient cause to believe that he (is/~~is not~~) mentally ill; that he (~~does~~/does not present an imminent danger to (himself/others), or (~~is~~/is not) substantially unable to care for himself, as a result of mental illness; and that he (~~does~~/does not) require involuntary hospitalization. Further, I am not related by blood or marriage to the individual on whom the petition is filed and have no interest in his estate.

Given under my hand this 14 day of Dec. 20 05

~~820 University City Blvd. Suite 1~~
Blacksburg, VA 24060

Ron Crouse
Doctor of Medicine (type/print)

R Crouse
Signature

NOTE:
This certification of examination shall not be accepted or used as evidence at any hearing under §37.1-67.3 of the Code of Virginia (1950), as amended, UNLESS such examination be made within the five (5) days immediately preceding such hearing and provided there is no objection to the acceptance of same by the person or his attorney. The positive certification of at least one physician is necessary to commit the person named in the petition.

B. I certify that upon the appearance before me of the person named in the petition, on this 14 day of Dec., 20 05, I informed him of his right to make application for voluntary admission and treatment as provided for in §37.1-65, his right to a full and impartial hearing in the event that he should refuse to make application for voluntary admission, his right to representation by counsel, the basis for his detention, the standard upon which he may be detained, his right to appeal such hearing to the circuit court, and his right to a jury on appeal. I then ascertained if he was represented by counsel.

(Check One) ☐ A voluntary admission requested (complete DMH Form 1006-B)
☒ A hearing requested
☐ A hearing required due to incapacity to consent to voluntary admission and treatment

(Check One) ☐ Represented by counsel of own choosing
☒ Counsel appointed

Carol G. Bennett
Judge or Special Justice

Title Special Justice

C. I certify that I, an attorney-at-law, served as counsel for the person named in the foregoing petition, that I interviewed such person and all witnesses, if any, in his behalf, prior to any hearing, and that after my employment or appointment as counsel, I did represent the person named in the foregoing petition at all proceedings conducted by the judge or special justice pursuant to the foregoing petition.

#54-136734 Jennifer L. Reed 12/14/05
Counsel
Christiansburg, VA
Address

Subscribed and sworn to before me this 14 day of Dec., 20 05

Carol G. Bennett
Judge or Special Justice

Title Special Justice

D. (Execute only if hearing requested.)
I hereby certify that the person named in the foregoing or the attorney-at-law representing such person requested a hearing on the question of his admission. Such hearing was held on this day 14 day of December 20 05 and the following witnesses were summoned:

Name	Address	Relationship
none		

Carol G. Bennett
Judge or Special Justice
Special Justice

CERTIFICATION AND ORDER FOR INVOLUNTARY ADMISSION TO A PUBLIC OR LICENSED PRIVATE FACILITY

COMMONWEALTH OF VIRGINIA

TDO #121GM3400502020

City / County of MONTGOMERY

To the sheriff or other authorized officer of said county or city and to the director of

_____ Facility Address

Paul M. Barnett
Special Justice
P.O. Box 5029
Christiansburg, VA 24068

Greetings:
WHEREAS, I _____ Judge or Special Justice of G.D.

court of the said county or city have observed the person named in the foregoing petition, alleged to be in need of care and treatment in a hospital, and have reviewed the medical certifications and statement of facts upon which such certifications are based and have this day found that the person named in the foregoing petition:

- [x] 1. Presents an imminent danger to himself as a result of mental illness.
- [ ] 2. Presents an imminent danger to others as a result of mental illness.
- [ ] 3. Has otherwise been proved to be so seriously mentally ill as to be substantially unable to care for himself.

Furthermore: (check one and complete)

[x] A. The alternatives to involuntary hospitalization and treatment were investigated and were deemed suitable. I have found that there is a less restrictive alternative to involuntary hospitalization and treatment in this case. I, therefore, direct that the person named in the foregoing petition receive treatment in accord with the following order:

COURT-ORDERED O-P-T TO FOLLOW ANY RECOMMENDED TREATMENTS

[ ] B. The alternatives to involuntary hospitalization and treatment were investigated and were deemed unsuitable. I have found that there is no less restrictive alternative to involuntary hospitalization and treatment in this case.

I, therefore, command you, the said sheriff, other authorized officer or responsible person, to make provision for the suitable and proper care of the person named in the forgoing petition and to deliver such person to the director of _____

_____ for involuntary hospitalization and treatment not to exceed 180 days from this date. Furthermore, if admission is denied pursuant to §§37.1-68 or 37.1-70, you are hereby authorized to return the person named in the foregoing petition to this jurisdiction.

Given under my hand and seal this 14 day of Dec. 2005

54-172435

Transfer of Medical Records Authorized

Paul M. Barnett
Judge or Special Justice

Paul M. Barnett

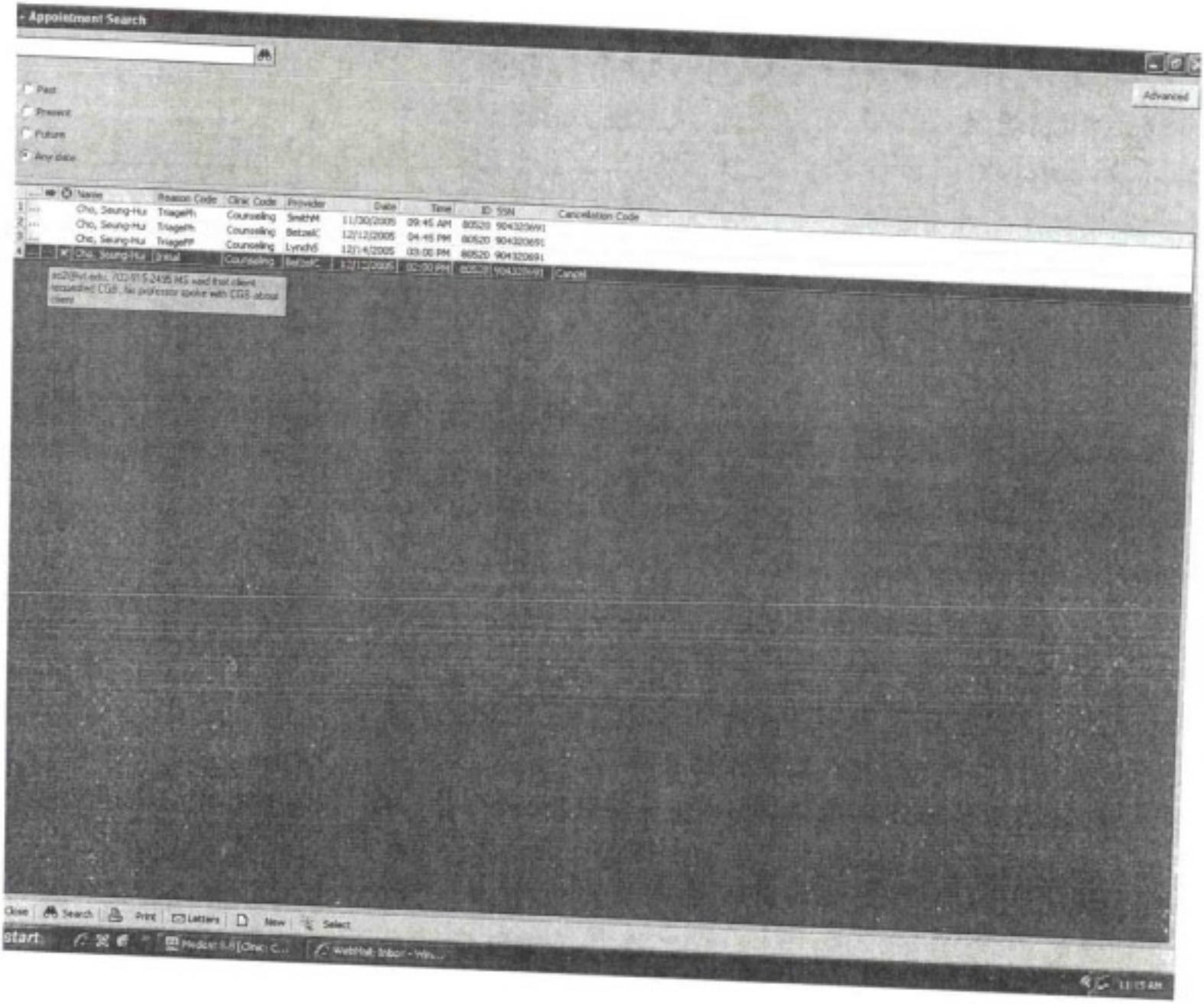
Paul M. Barnett
Special Justice
P.O. Box 5029
Christiansburg, VA 24068

Type or Print

Name Paul M. Barnett
Title Special Justice
Address P.O. Box 5029 Christiansburg, VA 24068

0691

	...			Name	Reason Code	Clinic Code	Provider	Date	Time	ID	SSN	Cancellation Code
1	...			Cho, Seung-Hui	TriagePh	Counseling	SmithM	11/30/2005	09:45 AM	80520	904320691	
2	...			Cho, Seung-Hui	TriagePh	Counseling	BetzelC	12/12/2005	04:45 PM	80520	904320691	
3	...			Cho, Seung-Hui	TriageFF	Counseling	LynchS	12/14/2005	03:00 PM	80520	904320691	
4	...			Cho, Seung-Hui	Initial	Counseling	BetzelC	12/12/2005	02:00 PM	80520	904320691	Cancel


- Appointment Search
Past
Present
Future
Any date
Advanced
Name
Reason Code
Clinic Code
Provider
Date
Time
ID: SSN
Cancellation Code
Cho, Seung-Hui
TriageMh
Counseling
SmithM
11/30/2005
09:45 AM
805201 904320691
Cho, Seung-Hui
TriageMh
Counseling
BetzelC
12/12/2005
04:45 PM
805201 904320691
Cho, Seung-Hui
TriageMP
Counseling
Lynchd
12/14/2005
03:00 PM
805201 904320691
Cho, Seung-Hui
Initial
Counseling
BetzelC
12/12/2005
05:00 PM
805201 904320691
Cancel
Close
Search
Print
Letters
New
Select
start
11:15 AM

Emily Conway

From: Miller, Robert [rcmiller@vt.edu]

Sent: Wednesday, December 14, 2005 4:24 PM

To: smithcg@vt.edu; aepperso@vt.edu; chgibbons@vt.edu; grooker@naxs.net; Arbuckle, Vicki; Teresa Quesinberry; ccurran@vt.edu; econway@vt.edu; ti3tl7dg@vt.edu; Sandy Ward; Sherry Lynch; Cathye Betzel; Charlotte Amenkhienan; Gary Bennett; Michael Gore; Reliford Sanders; Rita Klein; Zukor, Tevya; Bitsko, Matt

Subject: FW: On Call Report

Fyi in the event this student is seen here

-----Original Message-----
From: Kowalski, Gerard
Sent: Wednesday, December 14, 2005 10:46 AM
Subject: FW: On Call Report

FYI

GJK

Gerard J. Kowalski, Ph.D.
Director of Residence Life
Asst. Professor of Higher Ed. & Student Affairs
109 East Eggleston Hall
Blacksburg, VA 24061-0428
Phone: 540.231.6205
Email: kowalski@vt.edu
Fax: 540.231.5041

From: Smith, Patricia
Sent: Wednesday, December 14, 2005 8:05 AM
To: Chapman, Sarah; Whitley, Carley; Holmes, Margaret; Hart, Janice; Petros, Melanie; Avent, Yolanda; Chadwick, Colin; Kirby, Gail; Kowalski, Gerard; Kuresman, Kia; MacDonald, Chris; Malloy, Alison; Marin, Eileen; 'Matt Grimes'; Miller, Amy; Penven, James; Settle, Rohsaan; Wallington, Evelyn; Wylie, Jonathan; Yancey, Laurica
Subject: On Call Report

On Call Report

Tuesday, December 13, 2005

Residence Life Administrator on Call: Tricia Schwery Smith
Hall Supervisor on Call: Jason Shank

*****Counseling Referral, VTPD, ACCESS, Cochrane*****

*****Counseling Referral, VTPD, ACCESS, Cochrane*****
Resident Involved: Seung Cho (904320691) Cochrane 3032, 232-6213
Staff Involved: Lisa Virga, Cochrane/Harper Graduate Hall Director

Melissa Trotman, Cochrane 3125, 232-4252

8:30 PM – GHD Virga came to my apartment to inform me about Cho who had a history of erratic behavior and counseling-based issues over the course of the semester. AD Settle, GHD Virga and RA Trotman all had extensive familiarity with Cho. Cho's suitemate called VTPD because Cho expressed suicidal ideations and had previously had "blades" in the room. Cho went to the Police Station on his own will to talk to an ACCESS counselor. Trotman and Virga were talking with roommate and suitemates. I called VTPD at 9:47 for an update. At this time, Cho was still in with the counselor. At 10:22PM, Lt Allen called me with an update. The magistrate issued a temporary detention order so Cho was to spend the night at the New River Valley Medical Center for further examination/counseling. Cho expressed that he still had one exam pending today as well. I communicated with both Virga and Trotman after this update.

END OF REPORT

Tricia Schwery Smith
President's & Upper Quad Area Coordinator
Virginia Tech
talktotricia@vt.edu
540-231-3419

From: Smith, Patricia
Sent: Tuesday, December 13, 2005 8:46 AM
To: Smith, Patricia; Chapman, Sarah; Whitley, Carley; Holmes, Margaret; Hart, Janice; Petros, Melanie; Avent, Yolanda; Chadwick, Colin; Kirby, Gail; Kowalski, Gerard; Kuresman, Kia; MacDonald, Chris; Malloy, Alison; Marin, Eileen; 'Matt Grimes'; Miller, Amy; Penven, James; Settle, Rohsaan; Wallington, Evelyn; Wylie, Jonathan; Yancey, Laurica
Subject: On Call Report

On Call Report

Monday, December 12, 2005

Residence Life Administrator on Call: Tricia Schwery Smith
Hall Supervisor on Call: Cyrus Mostaghim

No Report

END OF REPORT

Tricia Schwery Smith
President's & Upper Quad Area Coordinator
Virginia Tech
talktotricia@vt.edu
540-231-3419

ID# 904-32-0691

Patient's Name: _____

Address: _____

1. Patient Strengths: _____

2. Problems Addressed: _____

3. Progress Made: _____

4. Aftercare Needs: (Problems Referred) _____

5. Diagnosis at time of Discharge: _____

6. Type of Discharge: Regular_____ AMA_____ Without Consent_____

Transferred to: _____

7. Authorization to Release Information

I understand that:

- By signing this Authorization, I am giving the Health Care Entity permission to disclose confidential health records.
- My treatment, payment, enrollment or eligibility for benefits will not be conditioned on signing this authorization.
- I may withdraw (revoke) this authorization in writing. Withdrawal of this authorization does not affect any disclosure of protected health information made prior to the receipt of written notice of revocation by the custodian of the health records.
- There is a potential that information disclosed may be redisclosed by the recipient and no longer protected by law.
- A copy of this Authorization and a notation concerning the person or agencies to whom disclosure was made shall be included with the original health records.
- I, the undersigned, do hereby authorize Carilion Saint Albans Behavioral Health/Roanoke Behavioral Health to release Treatment Team: Integrated Summary, Nursing Discharge Information and the following information (as checked) to individuals listed below (unless noted otherwise). If applies, Federal Regulations Govern the confidentiality of Alcohol and Drug Dependent Persons (Section 2.31 of P.L. 93.282, 42-CFR Part 2). The Patient or Legal Guardian may revoke this authorization at any time.

Admission History:___ Medical Consultation(physical):✓ Discharge Summary: Sent Labs:✓ Other: pre screening

Follow-Up with: Cook Counseling Center VA Tech
Address: 240 Academy Hall
Blacksburg, VA. 24061
Phone:(540) 231-6557 Fax:( )231-2104
Date: 12/14/05 Time: 3 PM

Follow-Up with: _____
Address: _____
Phone:( ) _____ Fax:( ) _____
Date: _____ Time: _____

Follow-Up with: _____
Address: _____
Phone:( ) _____ Fax:( ) _____
Date: _____ Time: _____

Follow-Up with: _____
Address: _____
Phone:( ) _____ Fax:( ) _____
Date: _____ Time: _____

Signature of Patient or Responsible party: _____ Date: 12/14/05

Signature/Witness: _____ Date: 12/14/05

CARILION Health System
CBASC CFMH CGMH CMC-CRCH CMC-CRMH CNRV BMH
and other Affiliates of Carilion Health System

Post Office Box 13727
Roanoke, Virginia 24036-3727

Carilion Behavioral Health
Treatment Team: Integrated Summary
Adopted: 9/99 Revised: 11/04
Form#181-2082

001-2082

Patient Identification

CHO ,SEUNG HUI TDO
MR 236053 PT 10654655
[redacted] SEX: M
ATN DR: MIGLANI, JASDEEP (
ADM DATE: 12/13/05 21Y

10654655

I. Nursing Discharge Information:

	Date Reviewed	Staff Initials
Diet Instructions Regular	12/14/05	PA
Physical Activity Instruction and/or Limitations No change	12/14/05	PA
Relaxation Techniques NA	—	—

II. Vital Signs: (obtained 24 hours prior to discharge) BP: 128/63 Temp: 97 P: 69 R: 18

III. Signs & Symptoms of Present Illness Explained to Patient/Family (education information given): ✓ Yes ____ No

If no, document: ____

IV. Discharge Medications Instructions:

Medication	Dosage	Time
No Medications	Discharge	

Signature: [signature] Date: 12/14/05

V. Discharge Summary Note: Patient discharge with his family to self. Follow up to get patient with VA Tech Council Center. Patient Discharge Instructions and Medications given.

VI. Discharge Checklist:

Check	Yes or No	Check	Yes or No
Valuables Returned	Yes	Medications Returned to Patient	NA
Belongings Checked	Yes	Copy of Nursing Discharge Information	Yes

Signature & Title: [signature] Date/Time of D/C: 12/14/05 1400

Signature of Patient or Responsible Party: [signature] Date: 12/14/05

CARILION
Health System
CBASC CFMH CGMH CMC-CRCH CMC-CRMH CNRV CSABH BMH

Post Office Box 13727
Roanoke, Virginia 24036-3727

Carilion Behavioral Health
Nursing Discharge Information
Adopted: 12/99 Revised: 3/04
Form# 181-2027

Patient Identification

10654655

CHO ,SEUNG HUI TDO
MR 236053 PT 10654655
[redacted] SEX: M
ATN DR: MIGLANI, JASDEEP (
ADM DATE: 12/13/05 21Y

CARILION HEALTH SYSTEM
Carilion New River Valley Medical Center
P.O. Box 5
Radford, Va. 24141

DATE OF EVALUATION: 12/13/2005

DIAGNOSIS:
1. Mood disorder.

HISTORY OF PRESENT ILLNESS: The patient is very resistant to discussing how he feels and if he has any symptoms of depression or mood changes. He stated he E-mailed a friend yesterday that he felt like killing himself. The patient states he was just kidding around, but that the friend ended up calling the police and that's why the patient ended up in St. Albans. He says it's all a misunderstanding. The patient denies suicidal ideation, however, he is very non-verbal and did not discuss feelings.

PAST MEDICAL HISTORY: The patient denies any surgical procedure. He denies any history of medical problems. Did not answer if he had any previous depression, he just looks down at the floor. He has no primary M.D. that he has seen in years. ALLERGIES: HE HAS NO KNOWN DRUG ALLERGIES.

FAMILY HISTORY: His mother is healthy. His father is healthy. His sister is 24, they all live in Northern Virginia, he says they are all healthy. Other family history unknown.

SOCIAL HISTORY: The patient is a junior at Virginia Tech studying in English. He wants to be a creative writer. Does not want to go to graduate school. Lives on campus with a roommate. He says they get along okay. He has lived in Northern Virginia for 10 years. Prior to that he lived in Korea. He denies use of tobacco, alcohol or drugs. Occasionally he states he goes to the gym, but otherwise does not discuss what he does for fun. Denies having any hobbies. Does state he is keeping up in school and that his grades are "okay." States he has an exam tomorrow in British Literature.

MEDICATIONS: Current medications are Ativan 1 milligram p.o. every six hours p.r.n. anxiety.

REVIEW OF SYSTEMS: The patient denies problems with eyes, ears, nose and throat, denies any respiratory problems such as shortness of breath or cough. Denies any cardiac chest pain. Denies any GI symptoms such as nausea, vomiting, diarrhea or constipation. Denies any problems with musculoskeletal issues such as pain or weakness of the extremity. Denies any changes with his skin or any problems. Denies any changes in his weight or increased thirst or increased urination. Denies confusion, dizziness, visual changes. His last eye exam was two years ago. Denies any recent history of head injury or accident or drug use.

PHYSICAL EXAMINATION: Vital signs: 158.6, 5'8", blood pressure 128/63, pulse 69, respirations 18. Physical exam, patient very non-verbal, very quiet, sits in the chair looking down at the floor, does not blink. Often does not answer questions, or perhaps shakes his head yes or no. When he does speak, it's very slow, very soft spoken. No smile, no laughter, no crying. Patient does not blink. The patient speaks so softly it's almost difficult to hear him. Eyes, pupils equal, round and reactive to light, extraocular movements intact, funduscopic exam appears within normal limits. Did stress that patient needs to get an eye exam since it has been two years since he's had an eye exam. Ears, nose and throat, within normal limits. Patient has very healthy teeth. Neck is supple, non-tender, thyroid within normal limits. Chest clear to auscultation anteriorly and posteriorly. Heart regular rate and rhythm. Abdomen, bowel sounds X4, soft, non-tender, no rebound, no organomegaly appreciated. Femoral pulses normal, peripheral pulses normal, no swelling of the lower extremities. No scars noted. The patient denies tattoos. Neurologic exam, cranial nerves II-XII was within normal limits with negative Romberg. Patient is able to follow all instructions and does so deliberately and slowly.

LABORATORY DATA: Patient's labs essentially look within normal limits including CBC, urinalysis, liver function test and chemistry panel. Patient has full range of motion of all extremities and strength appears to be 5/5. He has 2+ deep tendon reflexes of all extremities.

ASSESSMENT:

1. Mood disorder. Very difficult to get a verbal history from this patient regarding signs of a mood disorder or depression. Patient to be treated by Dr. Jasdeep Miglani who has suggested he can be treated on an outpatient basis with counseling.
2. Patient in need of an eye exam as it has been two years since his last eye exam.
3. Patient to be treated by Dr. Miglani and hopefully have some intervention in therapy for treatment of his mood disorder.

LOUISE R. COATS, N.P.

JASDEEP (BOBBY) MIGLANI, M.D. 12/20/05

LRC / MEDQ
Job: 907798
DD: 12/14/2005 12:00:49

DT: 12/14/2005 12:52:23

cc: Jasdeep (Bobby) Miglani, M.D.

DISPLAY RESULTS PATIENT PRIORITY RESULTS FORM

10654655 CHO ,SEUNG HUI SABH SA02 1 TDO

SABH ORDER/OCCR #: 8001

RESULTS FOR TEST: TPC1 WERE ENTERED ON 12/14/05 AT 14:12 PAGE 1

OBSV CD NAME	VALUE	UNIT	ABN	REFERENCE RANGE	DATE	TIME
T3 UPTAKE	40.8	%		(32-48.4)	12/14/05	06:20
T4	5.9	ug/dL	L	(6.09-12.23)	12/14/05	06:20
FREE THYROXN	6.0	ug/dL		(5.93-13.13)	12/14/05	06:20

Calculation of the FTI has changed effective 8-17-04 and now uses the Thyroid Hormone Binding Ratio as recommended by the American Thyroid Association.

DISPLAY RESULTS
10654655 CHO ,SEUNG HUI
SABH ORDER/OCCR #: 9001

PATIENT PRIORITY RESULTS FORM
SABH SA02 1 TDO

RESULTS FOR TEST: TSH WERE ENTERED ON 12/14/05 AT 14:12 PAGE 1

OBSV CD	NAME	VALUE	UNIT	ABN	REFERENCE RANGE	DATE	TIME
TSH		1.278	uIU/mL		(0.34-5.60)	12/14/05	06:20

DISPLAY RESULTS PATIENT PRIORITY RESULTS FORM
10654655 CHO ,SEUNG HUI SABH SA02 1 TDO
ORDER/OCCR #: 11001 ORD PARTY:

RESULTS FOR TEST: UDRG WERE ENTERED ON 12/14/05 AT 11:41 PAGE 1

OBSV CD NAME	VALUE	UNIT	ABN	REFERENCE RANGE	DATE	TIME
AMPHETAMN,UR				(NEG)	12/14/05	06:00
NEG Cutoff Concentration	1000	ng/mL				
BARBITURT,UR				(NEG)	12/14/05	06:00
NEG Cutoff Concentration	200	ng/mL				
BENZODIAZ,UR				(NEG)	12/14/05	06:00
NEG Cutoff Concentration	200	ng/mL				
CANNABINO,UR				(NEG)	12/14/05	06:00
NEG Cutoff Concentration	50	ng/mL				
COCAINE,URIN				(NEG)	12/14/05	06:00
NEG Cutoff Concentration	300	ng/mL				
OPIATES,URIN				(NEG)	12/14/05	06:00
NEG Cutoff Concentration	2000	ng/mL				
PCP, URINE	NEG			(NEG)	12/14/05	06:00
Cutoff Concentration	25	ng/mL				

DISPLAY RESULTS
10654655 CHO ,SEUNG HUI PATIENT PRIORITY RESULTS FORM
ORDER/OCCR #: 11001 ORD PARTY: SABH SA02 1 TDO

RESULTS FOR TEST: UDRG WERE ENTERED ON 12/14/05 AT 11:41 PAGE 2

OBSV CD NAME	VALUE	UNIT	ABN	REFERENCE RANGE	DATE	TIME
PCP, URINE	NEG			(NEG)	12/14/05	06:00

This drug screen is intended
only for medical management of patients. The results should not be used for medicolegal purposes. The specimen was collected and processed without documentation of the chain of custody. The results have not been confirmed by an alternate method. For information regarding the availability and ordering of medicolegal drug testing, call CCL client services.
CROSS REACTIVITY, YIELDING A POSITIVE RESULT, MAY OCCUR WITH OTHER DRUGS.
CONTACT CLIENT SERVICES FOR INFORMATION AT 981-7157 OR 1-800-653-2205.

CARILION CONSOLIDATED LABORATORY (CNRV)
ROANOKE, VIRGINIA

NAME : CHO,SEUNG HUI DX: DEPRESSIVE D/O NOS AGE: 21Y SEX: M
MR# : 236053 ADMISSION: 12/13/2005 DR : MIGLANI,JASDEEP B
ACCT#: 10654655 RM#: SA02 1 SABH

HEMOGRAM

TEST:	WBC	RBC	HGB	HEMOGLOBIN CAPILLARY	HCT	MCV	MCH	MCHC
UNITS:	K/uL	M/uL	g/dL	g/dL	%	fL	pg	g/dL
LO-HI:	4.8-10.8	4.5-5.3	13.0-16.0	11.5-13.5	37-49	78-98	27-31	33-37
12/14 * 0620	5.9	5.53 H	16.3 H		49.0	88.6	29.5	33.3

HEMOGRAM

TEST:	RDW	PLT	MPV	NEUT	LYMP	MONO	EOS	BASO
UNITS:	%	K/uL	fL	%	%	%	%	%
LO-HI:	11.5-14.5	130-400	7.4-10.4	42-75	21-51	2-13	0-10	0-2
12/14 * 0620	12.8	224	8.0	51.2	39.5	6.4	2.3	0.6

HEMOGRAM

TEST:	NEUT NO.	LYMP NO.	MONO NO.	EOS NO.	BASO NO.	PERFORMING LAB
UNITS:	K/uL	K/uL	K/uL	K/uL	K/uL	
LO-HI:	1.8-7.7	1.0-5.0	0-0.8	0-0.4	0-0.2	
12/14 * 0620	3.1	2.3	0.4	0.1	0.0	

BASIC METABOLIC PANEL

TEST:	SODIUM	POTASSIUM	CHLORIDE	CO2	GLUCOSE	BUN	CREAT	ION GAP	B/C RATIO
UNITS:	MMOL/L	MMOL/L	MMOL/L	MMOL/L	MG/DL	MG/DL	MG/DL		RATIO
LO-HI:	135-145	3.5-5.3	98-110	21-31	70-110	6-20	0.5-1.4	2-11	12-20
12/14 * 0620	135	3.8	100	30	101	15	1.0	5	15.0

BASIC METABOLIC PANEL

TEST:	CALC OSM
UNITS:	MOS/KG
LO-HI:	275-301
12/14 * 0620	271 L

CARILION CONSOLIDATED LABORATORY (CNRV)
ROANOKE, VIRGINIA

NAME : CHO,SEUNG HUI
MR# : 236053
ACCT#: 10654655

DX: DEPRESSIVE D/O NOS
ADMISSION: 12/13/2005

AGE: 21Y SEX: M
DR : MIGLANI,JASDEEP B
RM#: SA02 1 SABH

********** PROFILE CHEMISTRY **********

DATE:			12/14/05
TIME:	NORMALS	UNITS	*0620
T PROTEIN	6.0-8.3	G/DL	7.0
ALBUMIN	3.2-5.5	G/DL	4.2
GLOBULIN	1.7-3.9	G/L	2.8
A/G RATIO	0.7-2.3	RATIO	1.5
T BILI	<1.3	MG/DL	1.0
ALK PHOS	42-121	IU/L	56
ALT	10-60	IU/L	17
AST	10-42	IU/L	22
CALCIUM	8.5-10.7	MG/DL	9.2

********** THYROID **********

TEST:	T3 UPTAKE	T4	FREE THYROXINE INDEX	TSH
UNITS:	%	ug/dl	ug/dL	uIU/mL
LO-HI:	22.5-37.0	6.09-12.2	35.93-13.1	30.34-5.60
12/14 * 0620	PEND	PEND	PEND	PEND

********** ALCOHOL AND DRUG SCREENS **********

TEST:	AMPHETAMINE	BARBITURATE	BENZODIAZEPINE	CANNABINOIDS	COCAINE
UNITS:					
LO-HI:	NEG	NEG	NEG	NEG	NEG
12/14 0600	PEND	PEND	PEND	PEND	PEND

---------- ALCOHOL AND DRUG SCREENS ----------

TEST:	OPIATES	PCP
UNITS:		
LO-HI:	NEG	NEG
12/14 0600	PEND	PEND

CARILION CONSOLIDATED LABORATORY (CNRV)
ROANOKE, VIRGINIA

NAME : CHO,SEUNG HUI
MR# : 236053
ACCT#: 10654655

DX: DEPRESSIVE D/O NOS
ADMISSION: 12/13/2005

AGE: 21Y SEX: M
DR : MIGLANI,JASDEEP B
RM#: SA02 1 SABH

URINALYSIS

TEST:	SPECIMEN	COLOR	APPEAR	SP GRAV	PH	PROTEIN	GLUCOSE MG/DL
UNITS:							NEG
LO-HI:				1.005-1.030	5.0-7.0	NEG	
12/14 * 0600	URINE	YELLOW	CLEAR	>1.030	6.0	NEG	NEG

URINALYSIS

TEST:	KETONE	BILI	BLOOD	UROBIL	NITRITE	LEUC ESTERASE	RBC /HPF	WBC /HPF
UNITS:	MG/DL			EU/DL				
LO-HI:	NEG	NEG	NEG	0.2-1.0	NEG	NEG	0-2	0-5
12/14 * 0600	NEG	NEG	NEG	0.2	NEG	NEG	NONE SEEN	NONE SEEN

URINALYSIS

TEST:	SQ EPI /LPF	MUCUS /LPF	BACTERIA /HPF
UNITS:			
LO-HI:		NSN	NSN
12/14 * 0600	FEW EPIN	NONE SEEN	NONE SEEN

---FOOTNOTES---
EPIN (NSN TO FEW)

C_ok Counseling Center Tr..ge

Counselor's Name: S. Lynch Conrad Date: 12/14/05

(Circle One) Face-to-Face Triage Phone Triage

PERSON REQUESTING SERVICE:

Student X Peer___ Faculty/Staff___ Parent ___ Other (Specify) _____

REASON FOR CALL: Appointment X Consultation _____ (Submit to Director.)

Name of Consultee: _____

Reason for call: _____

I met with student for about 30 min. - he denied any suicidal or homicidal ideation.

publicidentity.
t: 323.297.1360 www.publicidentity.com

The information that you provide remains confidential to means that what you discuss with me is not available to permission. Exceptions to this are responses to a court which there are serious threats of suicide, homicide incapacitated adult. With your written permission, we qualified professionals. Do you have any questions abou

Discussed with Student: (circle one) Y (N)

DEMOGRAPHICS:

Name Seung-Hui Cho Student ID # 904-32-0691 DOB [redacted]

Phone # _____ Cell # _____ Ok to leave message? Y N

Email address _____ Ok to email? Y N

Currently enrolled? Y N Major _____

Freshman Sophomore Junior Senior Graduate Student Other _____

Are you currently being treated by a mental health or medical professional?

_____

Are you taking any medications? _____

Have you been seen at the CCC before? Y N 2 previous triages 11/30/05 & 12/12/05

If yes, who did you see and when? Counselor _____ When _____

GPA _____

SAT (V)_____/(M)_____

CLASS RANK _____/_____

Appointment scheduled? Y N

(Circle one) Continue Intake Update

Appointment Date _____@_____

Scheduled With _____

C_ok Counseling Center Tr..ge

Counselor's Name: S. Lynch Conrad Date: 12/14/05

(Circle One) Face-to-Face Triage Phone Triage

PERSON REQUESTING SERVICE:

Student X Peer___ Faculty/Staff___ Parent___ Other (Specify) _____

REASON FOR CALL: Appointment X Consultation _____ (Submit to Director.)

Name of Consultee: _____

Reason for call: _____

_____

_____

_____

The information that you provide remains confidential to the extent provided by law. This means that what you discuss with me is not available to anyone else without your written permission. Exceptions to this are responses to a court order or subpoena or instances in which there are serious threats of suicide, homicide or abuse of a minor child or incapacitated adult. With your written permission, we will provide information to other qualified professionals. Do you have any questions about this?

Discussed with Student: (circle one) Y (N)

DEMOGRAPHICS:

Name Seung-Hui Cho Student ID # 904-32-0691 DOB [redacted]

Phone # _____ Cell # _____ Ok to leave message? Y N

Email address _____ Ok to email? Y N

Currently enrolled? Y N Major _____

Freshman Sophomore Junior Senior Graduate Student Other _____

Are you currently being treated by a mental health or medical professional?

_____

Are you taking any medications? _____

Have you been seen at the CCC before? Y N 2 previous triages

If yes, who did you see and when? Counselor _____ When 11/30/05 & 12/12/05

GPA _____

SAT (V)_____/(M)_____

CLASS RANK _____/_____

Appointment scheduled? Y N

(Circle one) Continue Intake Update

Appointment Date _____@_____

Scheduled With _____

Did not assess - student has had 2 previous triages in past 2 wks - last 2 days ago

TYPE OF PROBLEM:

Are you currently having? **Duration?**

___ **Depressed Mood** _____ _____

___ **Relationship Problem** _____ _____

___ **Panic Episodes/Anxiety** _____ _____

___ **Self-destructive behavior** _____ _____
(alcohol/drug abuse, unprotected sex, excessive spending, dangerous behavior)

___ **Have you been hearing voices** _____ _____
or seeing things that others do not?

___ **Has there been any traumatic or** _____ _____
upsetting event in your life recently? (Such as sexual or physical assault, accidents or loss of someone close)?

DECREASE IN FUNCTIONING:

	Yes	No		Yes	No
Are you having trouble with concentration?	___	___	**Is this a change?**	___	___
Are you attending classes regularly?	___	___	**Is this a change?**	___	___
Are you able to keep up with your class demands?	___	___	**GPA?** _____		
Do you have a job?	___	___			
Any change in functioning?	___	___			
Are you able to interact with your friends/family/ classmates?	___	___	**Is this a change?**	___	___
Has there been any change in your sleeping habits?	___	___			
Any change in your appetite/eating?	___	___			

ASSESSMENT OF HARM TO SELF OR OTHERS:

	No Thoughts	Thoughts, Denies Plan or Intent	Thoughts, Plan, No Intent	Thoughts, Plan, Intent	Means	Past Thoughts	Past Attempts
Suicidal Ideation	✓						
Homicidal Ideation	✓						

Additional comments _____

_____

_____

_____

_____

OTHER SYMPTOMS:

Are you having any other symptoms I haven't asked you about? _____

_____

_____

_____

_____

ASSESSMENT OF REASON FOR CALL:

Referred by St. Albans for follow-up after student was admitted there yesterday and spent the night. He denies suicidal and/or homicidal thoughts. Said the comment he made was a joke. Says he has no reason to harm self & would never do it. Is going home on Saturday. Has last final tomorrow. Did not miss any finals while hospitalized.

TRIAGE DISPOSITION:

Severity rating:

____ 1) Extremely Urgent: Refer to Emergency Counselor

____ 2) Urgent: No more than one-week delay

____ 3) Troubled: Further contact within 2 weeks.

____ 4) Developmental: Client is able to wait several weeks. May refer to group or workshops while waiting.

____ 5) Skill Developer: May refer to group or workshop or 1 - 2 follow-up sessions may be scheduled when available.

____ 6) Information Seeker: Further sessions may not be needed.

OTHER DISPOSITION INFORMATION:

Encouraged him to return for intake in January but did not schedule appt. because he doesn't know schedule. Provided emergency numbers for CCC, Connect, Respond and Access and encouraged him to call one of these #'s if he begins to have suicidal or homicidal thoughts.

Waiting List: Y N

TRIAGE COUNSELOR: Sherry Lynch Conrad, Ph.D. DATE: 12/14/05

SUPERVISOR: _____ DATE: _____

Client Name: Seung-Hui Cho (intake) Counselor: CGB

Client ID #: 904-32-0691

Original Appointment Date: Monday, Dec. 12th Time: @ 2:00pm

☑ Cancel ☐ R/S Date: _____ Time: _____

Comments: Didn't want to R/S

Please note this in your client's chart. The front office assumes no responsibility once you receive the cancellation notice. Message taken by: Lee **Date:** 12/12

Cook Counseling Center Triage

0691

Counselor's Name: C Bethel Date: 12/12/07

(Circle One) Face-to-Face Triage (Phone Triage)

PERSON REQUESTING SERVICE:

Student ✓ Peer ___ Faculty/Staff ___ Parent ___ Other (Specify) _____

REASON FOR CALL: Appointment ✓ Consultation _____ (Submit to Director.)

Name of Consultee: _____

Reason for call: _____

_____

_____

_____

The information that you provide remains confidential to the extent provided by law. This means that what you discuss with me is not available to anyone else without your written permission. Exceptions to this are responses to a court order or subpoena or instances in which there are serious threats of suicide, homicide or abuse of a minor child or incapacitated adult. With your written permission, we will provide information to other qualified professionals. Do you have any questions about this?

Discussed with Student: (circle one) (Y) N

DEMOGRAPHICS:

Name Seung-Hui Cho Student ID #904320691 DOB [redacted]

Phone # _____ Cell # 703 915 2495 Ok to leave message? Y N

Email address error sc2@vt.edu Ok to email? Y N

Currently enrolled? (Y) N Major _____

Freshman Sophomore (Junior) Senior Graduate Student Other _____

Are you currently being treated by a mental health or medical professional?

no

Are you taking any medications? no

Have you been seen at the CCC before? Y (N)

If yes, who did you see and when? Counselor _____ When _____

GPA 2.74

SAT (V) 540 /(M) 620

CLASS RANK - / 541

Appointment scheduled? Y (N)

(Circle one) Continue Intake Update

Appointment Date _____ @ _____

Scheduled With _____

TYPE OF PROBLEM:

Are you currently having? Duration?

- ✓ Depressed Mood _____ _____
- ___ Relationship Problem _____ _____
- ✓ Panic Episodes/Anxiety _____ _____
- ✓ Self-destructive behavior _____ _____
  (alcohol/drug abuse, unprotected sex, excessive spending, dangerous behavior)
- ___ Have you been hearing voices _____ _____
  or seeing things that others do not?
- ___ Has there been any traumatic or _____ _____
  upsetting event in your life recently? (Such as sexual or physical assault, accidents or loss of someone close)?

DECREASE IN FUNCTIONING:

	Yes	No		Yes	No
Are you having trouble with concentration?	✓	___	Is this a change?	___	___
Are you attending classes regularly?	✓	___	Is this a change?	___	___
Are you able to keep up with your class demands?	✓	___	GPA? _____		
Do you have a job?	___	✓			
Any change in functioning?	___	___			
Are you able to interact with your friends/family/ classmates?	___	✓	Is this a change?	___	___
Has there been any change in your sleeping habits?	___	✓			
Any change in your appetite/eating?	___	✓			

1990

ASSESSMENT OF HARM TO SELF OR OTHERS:

	No Thoughts	Thoughts, Denies Plan or Intent	Thoughts, Plan, No Intent	Thoughts, Plan, Intent	Means	Past Thoughts	Past Attempts
Suicidal Ideation	/						
Homicidal Ideation	/						

Additional comments _____

OTHER SYMPTOMS:

Are you having any other symptoms I haven't asked you about? _____

ASSESSMENT OF REASON FOR CALL:

Responding to follow up call after cancellation of initial appointment. Stated difficulties were about the same - no worse - but did not want to come in at this time.

TRIAGE DISPOSITION:

Severity rating:

____ 1) Extremely Urgent: Refer to Emergency Counselor

____ 2) Urgent: No more than one-week delay

____ 3) Troubled: Further contact within 2 weeks.

____ 4) Developmental: Client is able to wait several weeks. May refer to group or workshops while waiting.

____ 5) Skill Developer: May refer to group or workshop or 1 - 2 follow-up sessions may be scheduled when available.

____ 6) Information Seeker: Further sessions may not be needed.

OTHER DISPOSITION INFORMATION:

Cancelled intake appointment because decided he did not want to come in - offered NJ - he declined at this time

Waiting List: Y N

TRIAGE COUNSELOR: Cathy Bethel PsyD. **DATE:** 12/12/05

SUPERVISOR: _____ **DATE:** _____

Cook Counseling Center Triage

Counselor's Name: Mindra M. Smith Date: 11/30/05

(Circle One) Face-to-Face Triage Phone Triage

PERSON REQUESTING SERVICE:

Student ✓ Peer ___ Faculty/Staff ___ Parent ___ Other (Specify) ___

REASON FOR CALL: Appointment ✓ Consultation ___ (Submit to Director.)

Name of Consultee: ___

Reason for call: ___

The information that you provide remains confidential to the extent provided by law. This means that what you discuss with me is not available to anyone else without your written permission. Exceptions to this are responses to a court order or subpoena or instances in which there are serious threats of suicide, homicide or abuse of a minor child or incapacitated adult. With your written permission, we will provide information to other qualified professionals. Do you have any questions about this?

Discussed with Student: (circle one) (Y) N

DEMOGRAPHICS:

Name Seung-Hai Cho Student ID # 904-32-0691 DOB [redacted]

Phone # 24654 Cell # 703 95-2495 Ok to leave message? (Y) N

Email address sc2@vt.edu Ok to email? (Y) N

Currently enrolled? (Y) N Major English

Freshman Sophomore (Junior) Senior Graduate Student Other ___

Are you currently being treated by a mental health or medical professional?

No

Are you taking any medications? No

Have you been seen at the CCC before? Y (N)

If yes, who did you see and when? Counselor ___ When ___

GPA 2.74

SAT (V) 540 /(M) 620

CLASS RANK — / 541

Appointment scheduled? (Y) N

(Circle one) Continue (Intake) Update

Appointment Date 12/12 @ 2:00pm

Scheduled With CGB

TYPE OF PROBLEM:

Are you currently having?		Duration?
✓ Depressed Mood	↓ social interactions	2 years
N Relationship Problem	does not have any relationships	
✓ Panic Episodes/Anxiety	when having to talk to people	always
N Self-destructive behavior (alcohol/drug abuse, unprotected sex, excessive spending, dangerous behavior)		
N Have you been hearing voices or seeing things that others do not?		
N Has there been any traumatic or upsetting event in your life recently? (Such as sexual or physical assault, accidents or loss of someone close)?		

DECREASE IN FUNCTIONING:

	Yes	No		Yes	No
Are you having trouble with concentration?	✓		Is this a change?	✓	
Are you attending classes regularly?	✓		Is this a change?		✓
Are you able to keep up with your class demands?	✓		GPA? 2.7		
Do you have a job?		✓			
Any change in functioning?					
Are you able to interact with your friends/family/ classmates?		✓	Is this a change?		✓
Has there been any change in your sleeping habits?		✓			
Any change in your appetite/eating?	✓	↓			

ASSESSMENT OF HARM TO SELF OR OTHERS:

	No Thoughts	Thoughts, Denies Plan or Intent	Thoughts, Plan, No Intent	Thoughts, Plan, Intent	Means	Past Thoughts	Past Attempts
Suicidal Ideation	Ø					Ø	Ø
Homicidal Ideation	Ø					Ø	Ø

Additional comments _____

OTHER SYMPTOMS:

Are you having any other symptoms I haven't asked you about? No

ASSESSMENT OF REASON FOR CALL:

Ref to CCC by prof. He has been depressed & has difficulty in social situations. Would like to see Cathye since the prof. has talked to her about the student.

TRIAGE DISPOSITION:

Severity rating:

____ 1) Extremely Urgent: Refer to Emergency Counselor

____ 2) Urgent: No more than one-week delay

✓ 3) Troubled: Further contact within 2 weeks.

____ 4) Developmental: Client is able to wait several weeks. May refer to group or workshops while waiting.

____ 5) Skill Developer: May refer to group or workshop or 1 - 2 follow-up sessions may be scheduled when available.

____ 6) Information Seeker: Further sessions may not be needed.

OTHER DISPOSITION INFORMATION:

Ref: CCC : CB
-Requested Dr. Botzel

12/12/05 Left TC msg inviting client to call back to R/S.
C. Botzel PsyD

Waiting List: Y N

TRIAGE COUNSELOR: Marsha M. Smith, MA. **DATE:** 11/30/05

SUPERVISOR: [signature] **DATE:** 12/1/05

P. O. Box 3808
Radford, VA 24143
2900 Lamb Circle
Christiansburg, VA 24073

PHONE NUMBERS

Administration.....540-731-7326
CONNECT.....540-731-7382
Hearing Room.....540-731-7335
Outpatient Services.....540-731-7311

Partial Hospitalization.....540-731-7352
Nursing East Wing.....540-731-7350
Nursing West Wing.....540-731-7351

FAX NUMBERS

Administration.....540-731-7327
CONNECT.....540-731-7386
Hearing Room.....540-731-7328
Outpatient Services.....540-731-7377

Partial Hospitalization.....540-731-7347
Nursing East Wing.....540-731-7348
Nursing West Wing.....540-731-7349

TO: Cook Counseling Center VA Tech

FROM: Diane M. Turner

DATE: 12-14-05 PAGES(Includes Cover): _____

MESSAGE: FAX - 231-2104

The information contained in this transmission is confidential and may be privileged. You are hereby notified that any unauthorized review, dissemination, distribution or copying of this transmission or any information contained herein is strictly prohibited. If you receive this transmission in error, please notify us immediately by telephone (collect) and return the original message to us by First Class Mail. We will reimburse you for the postage. Thank You

CARILION HEALTH SYSTEM
Carilion New River Valley Medical Center
P.O. Box 5
Radford, Va. 24141

IDENTIFYING INFORMATION: A 21-year-old single male of Korean descent who was admitted to my service on a temporary detention order. Chief complaint: "It was all a joke."

HISTORY OF PRESENT ILLNESS: According to the available information, a complaint was lodged with Virginia Tech Police regarding patient instant-messaging a dorm resident. Apparently, he had been told by this girl not to instant message her anymore. The message was left outside on the erase board outside this girl's room. Patient claims that he did not leave this message. However, he became upset at being accused about leaving these instant messages and the message on the erase board outside the girl's room. Later he told his sweetmate that he may as well kill himself because "everybody just hates me." He did not have any plan or intent to hurt himself. The sweetmate contacted Virginia Tech Police, who further proceeded with a mental health evaluation and he was TDOd here.

On presentation he denies any suicidal or homicidal intent, he denies any prior history of depression, anxiety, psychosis or delusions. There is no indication of substance use.

PAST PSYCHIATRIC HISTORY: No prior history.

SUBSTANCE USE HISTORY: Benign.

LEGAL HISTORY: The patient denies.

PAST MEDICAL HISTORY: No known physical problems.

REVIEW OF SYSTEMS: All systems noncontributory.

LABORATORY DATA: Preliminary lab work essentially normal.

FAMILY HISTORY: Not known for any psychiatric illnesses.

PSYCHOSOCIAL HISTORY: The patient is of Korean descent, came to this country when he was 8 years old. Family lives in Northern Virginia. Parents worked in a dry cleaning shop. He has an older sister who works in Washington, D.C. He denies any abuse in his childhood years. Reports that he did not have any disciplinary problems in school, graduated from school and came to Virginia Tech to do an English major. He is currently a junior, and so far does not report any major problems in his college curriculum.

CARILION HEALTH SYSTEM
Carilion New River Valley Medical Center
P.O. Box 5
Radford, Va. 24141

MENTAL STATUS EXAM: The patient was casually groomed, he was oriented times three. Speech showed increased latency due to anxiety that he was experiencing and he came across as somewhat scared of the whole process. He mentally denies any psychosis, delusions, suicidal or homicidal ideation. Cognitive exam is within normal limits. Fund of knowledge is average. Attention and concentration appear to be adequate. There is no indication of psychosis, delusions, suicidal or homicidal ideation.

HOSPITAL COURSE: The patient spent overnight in the hospital, essentially it does not appear that he had any serious intent when he made the suicidal statement. It appears to be more an act of frustration. He was counseled about the need to need to act responsibly and the fact that in his adult life his actions will be followed by consequences. He seems to receive that message fairly well. Seems to be remorseful and apologetic about this situation leading up to this point.

It is recommended that he be offered some outpatient counseling culturate to proper norms.

DIAGNOSIS: AXIS I:
1. V- 71.09. NO DIAGNOSIS OR CONDITION.

AXIS II:
1. DEFERRED.

AXIS III:
1. NO ACUTE PHYSICAL PROBLEM.

AXIS IV:
1. ACULTURATION ISSUES.
2. STRESS OF COLLEGE LIFE.

AXIS V:
1. 60-65.

DISPOSITION: Condition at discharge: It is recommended that patient follow up in counseling. Access will also do some safety checks. Follow up and aftercare to be arranged with counseling center at Virginia Tech. Medications, none.

JASDEEP (BOBBY) MIGLANI, M.D.

CARILION HEALTH SYSTEM
Carilion New River Valley Medical Center
P.O. Box 5
Radford, Va. 24141

JM / MEDQ
Job: 79813
DD: 12/14/2005 11:15:13
DT: 12/14/2005 11:57:32

cc: COUNSELING CENTER - VIRGINIA TECH

w River Valley mmunity Servic

UNIFORM PRE-ADMISSION SCREENING FORM

Time spent under ECO: Start time _____ a.m./p.m. Time ECO ended _____ a.m./p.m. Time spent - _____

Crisis intervention time: Start time 8:15 a.m./p.m. Time ended _____ a.m./p.m. Time spent - _____

Date: 12/13/05 TOTAL TIME SPENT - _____

DISPOSITION: Released Voluntary TDO & TDO # _____

1. PERSONAL DATA

NAME - Eric Seung-Hui Cho Age - 24 (C) 21 Date of Birth - [redacted]

Address - 3032 Cochrane Hall Blacksburg VA 24060

Street City/County State ZIP

Phone - (540) 239-6213 Marital Status - M (S) D W SS # [redacted]

Physical Description - (M) F Asian 5 ft. 8 in. 150 lbs. black Br

(Sex) (Race) (Height) (Weight) (Hair color) (Eye Color)

Emergency Contact - Sun Cho Relationship to Client - Parents

Address - _____ City/County _____ State _____ ZIP _____

Street

Phone - (Home) (703) 815-8815 Work (____) _____

Veteran? Y (N) Insurance? (N) Y _____

Name of Insurance Company Group/Plan Number

School Attending - VT Grade - _____ Special Ed ? Y N

CSB of Origin - NRVCS or Fairfax-Fair Oaks Contacted - Y (N) N/A PRAIS Code 2 3 0 0

Name of CSB Staff Contacted - _____ Phone - (____) _____

2. LEGAL DATA : Pending Legal Charges? N Y If YES, complete the following information - if no, skip:

Nature of Charges? _____ Presently Serving a Sentence? Y N

Court of Jurisdiction - _____ Court Date? _____

NGRI Conditional Release? Y N Probation/Parole? Y N Contact - _____

3. COLLATERAL SOURCES OF INFORMATION

Source of Information	YES	NO	N/A	Name of agency/individual and relationship to client
Client Record	✓			VTPD Report
Individual requesting evaluation	✓			Officer Dean - VTPD
Primary therapist			✓	
Family member		✓		
Other	✓			John Eide - roommate

4. IV FOR LOCAL USE -

Receiving facility - St Albans Bed Reserved by - Mike Y Dr. accepting - Cook

Circle hospitals tried and indicate reasons denied: St. Albans ____ Lewis-Gale ____ Roanoke Rehab ____ Life Center ____

REASON CODES FOR DECLINING ADMISSION -

1. No timely return call
2. Medical complications/clearance
3. No appropriate bed
4. Long term needs
5. No available bed
6. Compliance issues
7. Dangerousness
8. No benefits/benefits exhausted
9. Acuity Pt/Unit too high
10. Other – (briefly explain)

DSM-IV DX -

I. Depressive Disorder NOS

II. _____

Copy left with facility? Y N Who was outcome of case staffed with? _____

Transportation arrangements made? Y N What? _____

5. MEDICAL

Primary Care Provider and phone #, if known - None

Medical History and current problems/symptoms - None

☐ Client was screened for medical issues prior to screening ☑ Client was referred to PCP/Health Dept. for medical eval

MEDICATION - Current prescribed medications (? = unknown) ✓ None prescribed

Name of Medication	Dosage	?	Schedule	?	Length of time taken	?

Recent Medication Changes? (N) Y (If YES, explain) _____

Allergies or adverse side effects to medications? (N) Y (If YES, explain) _____

Has client complied with recommended medication and treatment plans? Y N (If NO, explain) N/A

6. MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT

Service providers and services and/or treatment provided –

	Service Provider/Facility	Services/Treatment Provided	Date Last Seen
1.	None reported		
2.			

7. PRESENT SITUATION (Include precipitating events, stressors and variation, if any from baseline of functioning)

Cl seen for face to face eval @ VTPD at the request of Officer Lucas. Per Officer Lucas VTPD had initial contact earlier this am after a dorm resident complained that cl was harassing her by sending unwanted instant messages and leaving messages on a dry erase board outside her room. Police report also shows that officers were contacted by cls room mates father after cl left an instant message indicating he might do well kill himself. Officer Lucas said cl readily admitted to IM'ing the statement but said it was all just a joke.

8. MENTAL STATUS EXAM - CI [illegible] ALL THAT APPL [illegible] EXPLAIN BELO

Behavior/motor Disturbance -	WNL	Agitation	Guarded	Tremor	Manic	Impulse Control	Psychomotor Retardation
Mood -	WNL	Depressed	Angry	Euphoric	Anxious	Anhedonic	Withdrawn
Thought Content -	WNL	Delusions	Grandiose	Paranoid	Obsessions	Phobias	Ideas of Reference
Thought Process -	WNL	Blocking	Circumstantial	Tangential	Perseveration	Flight of Ideas	Loose Associations
Perception/Sensation -	WNL	Hallucinations -	Auditory	Visual	Olfactory	Tactile	Illusions
Appetite -	WNL	Poor	Weight Loss	Weight Gain	Increased Appetite	Decreased Appetite	
Orientation -	WNL	Disoriented -	Time	Place	Person	Situation	
Memory -	WNL	Impaired -	Recent	Remote	Immediate		
Speech -	WNL	Pressured	Slowed	Soft	Loud	Slurred	Impoverished
Appearance -	WNL	Unkempt	Bizarre	Tense	Rigid	Poor Hygiene	
Range of Affect -	WNL	Constricted	Flat	Labile	Inappropriate		
Sleep -	WNL	Hypersomnia	Onset problem	Maintenance problem			
Insight -	WNL	Blaming	Moderate	Little	Unknown	None	
Estimated intellectual functioning capacity -			Average	Above Average	Below Average	Diagnosed MR	
Adaptive Functioning -	WNL	Impaired ADLS		Impaired Decision-making		Other -	

Explain clinically significant findings - Cl presents with flat affect and states he is here because his friend Andy was concerned about the statement he had made in the instant message. Cl says he was just kidding. Cl denies being upset by having to talk to the officials re harassing the female. Cl says he does not feel he was harassing her but understands she is not interested in his attention. Cl denies any feelings of depression or anxiety. Cl denies any hx of suicidal thoughts, intentions, or gestures and denies any such thoughts today or currently. Cl's roommate Mr. Side states Cl's behavior has been bizarre lately. Mr. Side says Cl has posted on online profile with a ? for his picture and says he is Question Mark and being is his twin brother. Mr. Side says VTPD had been by earlier in the semester because Cl had been bother another female dorm resident. Cl is unable to come up with a safety plan to adequately

9. SUBSTANCE ABUSE ASSESSMENT - ☑ No Current Use

Symptoms	Hx	Past 24 hr	Blood Present	[illegible]			
Vomiting			Y N	Pri:			
Diarrhea			Y N	Sec:			
DT's			BAC _____ Breathalyzer results _____ ☐ Unable to test				
Seizures			Screening tool used - ☐ SSI ☐ SASSI ☐ Unable to test due to _____				
Tremors			COMMENTS -				

ensure safety. Cl unwilling to contact parents to pick him up although he understood this was the only other option beyond TDO.

10. RISK ASSESSMENT

SUICIDAL POTENTIAL						HOMICIDAL POTENTIAL					
	HX of ATTEMPTS		INTENT		MEANS						
	CURRENT ATTEMPT		PLAN: VAGUE		PSYCHOSIS						
	IDEATION		PLAN: DEFINED		CURRENT SA						
Explain above - Clderives						Clderives					

Is the client an elopement risk? N Y

11. FINDINGS

IS	IS NOT		IS	IS NOT	
✓		Mentally ill and/or abusing substances	✓		Capable of consenting to voluntary treatment/hospitalization
✓		An imminent danger to self or others		✓	Willing to be treated voluntarily
✓		Able to care for self	ARE	ARE NOT	THERE Less restrictive community alternatives
				✓	

Community Alternatives - Positive factors
Circle all that apply

Ability to implement safety watch | Cooperative with interviewer | Stability of lifestyle | No hx of attempts

Able to identify a safety plan on their own | Future oriented | Religious beliefs | Strong support system

OP services available immediately and client is willing to attend | Someone is willing to stay with them until treatment begins

No substance abuse | No plan | No recent losses | Little or no hostility | Mild or nonexistend depressive symptoms

Positive experience with tx in the past | Other: _____

12. DISPOSITION RECOMMENDATION

CHECK the appropriate box for each statement –

PRE - DETENTION - If evaluation is conducted prior to the issuance of a TDO
PRE – HEARING – If evaluation is conducted after the issuance of a TDO but prior to the commitment

Pre - Detention		Pre - Hearing
	Client does not meet criteria for hospitalization and/or commitment and should be encouraged to participate in community based services.	
	Voluntary hospitalization because client does not meet criteria for involuntary commitment, has the capacity to consent to voluntary treatment, requires treatment in a hospital and has requested said treatment.	
	Involuntary hospitalization because client meets criteria for involuntary hospitalization and is incapable of consenting to voluntary treatment.	
✓	Involuntary hospitalization because client meets criteria for involuntary hospitalization, is capable of consenting to voluntary treatment, but is unwilling to be treated voluntarily.	

13. TREATMENT AND DISCHARGE PLANNING *(To be completed ONLY if inpatient treatment is recommended)*

Individuals who can assist in treatment and discharge planning (i.e. family, discharge planner, therapist, family physician, etc.)

NAME	Phone Number	Relationship to Client
Access	961-8400	discharge planning

Inpatient treatment goals - √SI, evaluate for meds

Services to be considered in planning for discharge –

- ☑ Medication Management
- ☐ Substance Abuse services
- ☐ Housing/residential services
- ☐ Case Management
- ☐ Financial support/entitlement
- ☐ Medical/dental/nutritional services
- ☑ Outpatient (indiv, family, group)
- ☐ Transportation
- ☐ Adult or child protective services
- ☐ Legal assistance/advocacy
- ☐ Psycho-social/day treatment
- ☐ Nursing home care
- ☐ OTHER -

Kathy M Godbey LCSW 12/13/05
Signature of Pre-screener / DATE

Kathy M. Godbey, LCSW
Printed Name

HEARING RESULTS -

Committed / Vol / Diverted to: _____ Court ordered OP: appt on _____ at ____

Comments -

Summons# 069429 Agency VTPD Case# -

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2222

Appear In MONTGOMERY CO Court TRAFFIC COURT -

Address 300 S MAIN ST BLACKSBURG VA 24060

Date/Time 09/23/2007 00:00 Type STATE

Name CHO, SEUNG HUI

Race A Sex M DOB 01/18/1984 Age 21

Res Juris

Charge 46.2-878 SPEEDING Offns Juris Date 04/07/2007 SA Time 23:24

☐ user ☐ Commercial Veh

☐ user ☐ Haz Material

☐ Avoid Court ☐ Safety Corridor

Speed 44 25 Direction S ☐ Accident Weather CLOUD

OffLoc 1 WEST CAMPUS DRIVE City VIRGINIA TECH

ArrDate 04/07/2007 Loc 1 WEST CAMPUS DRIVE, VIRGINIA TECH

user user Grant Officer LUCAS, HOWARD DEAN

Disposition / / : :

Next Add Delete Search Exit

000104

Lic# KGC2824 State VA Lic Yr 2008 LicType PC

VIN VhType VAH Style UNK

Year 2007 Make KIA Model VAH Color / Add

Delete

Trailer Tag Exit

Name NIC #

Status Date / / : :

Loca 1 WEST CAMPUS DRIVE City VIRGINIA TECH Notes

Condition Value Circum

Tow / Impd Oth Jur Sta #

VehID	Agency	Status	DateTime	Location	City	Value
4105	VTPD			1 WEST CAMPUS DRIVE	VIRGINIA TECH	$0.00

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SEARCH WARRANT

VA. CODE ANN. §§ 19.2-56.57
RULE 3A:27

☐ To any policeman of a county, city or town:
☒ To Virginia State Police Officer

You are hereby commanded in the name of the Commonwealth to forthwith search either in day or night

2121 Harper Hall Located on West Campus Drive on the property of Va Tech in the Town of Blacksburg, VA
LOCATION OR DESCRIPTION OF PLACE, VEHICLE OR THING TO BE SEARCHED

for the following property, objects and/or persons:

LIST PROPERTY, OBJECTS, AND/OR PERSONS SOUGHT IN SEARCH
Tools, documents, computer hardware, computer software, weapons, ammunition, explosives, materials used in the manufacturing of improvised/commercial explosive devices, instructional manuals for criminal acts of mass destructions acts of terror, including books and tapes(audio,and video), writing utensils and/or paper similar to that which were used to communicate threats to Virginia Tech Campus in the recent past

You are further commended to seize said property, persons, and/or objects if they be found and to produce before the Montgomery County Circuit Court an inventory of all property, persons, and/or objects seized.

This search warrant is issued in relation to an offense substantially described as follows:
18.2-31 Capital Murder

I, the undersigned, have found probable cause to believe that the property or person constitutes evidence of the crime identified herein or tends to show that the person(s) named or described herein has committed or is committing a crime, and further that the search should be made, based on the statements in the attached affidavit sworn to by

NAME OF AFFIANT

4/16/2007 8:35PM
DATE AND TIME

☐ CLERK ☒ MAGISTRATE ☐ JUDGE

FORM DC-339 5/04 (10/03-01) 9/03

FILE NO.

2121 Harper Hall

SEARCH WARRANT

COMMONWEALTH OF VIRGINIA

In re/V.

2121 Harper Hall Blacksburg, VA
The residence of
SEUNG-HUI CHO

FILED IN CLERK'S OFFICE
Circuit Court of Montgomery County
17 DAY OF April, 2007
AT 3:50 O'CLOCK P M
ALLAN C. BURKE, CLERK
Stephanie Poteet, D.C.

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AFFIDAVIT FOR SEARCH WARRANT

VA. CODE ANN. § 19.2-54
RULE 3A:27

This undersigned Applicant states under oath:

1. A search is requested in relation to an offense substantially described as follows:
18.2-31 Capital Murder

[ ] CONTINUED ON ATTACHED SHEET

2. The place, person, or thing to be searched is described as follows:
2121 Harper Hall Located on West Campus Drive on the property of Va Tech in the Town of Blacksburg, VA

[ ] CONTINUED ON ATTACHED SHEET

3. The things or persons to be searched for are described as follows:
Tools, documents, computer hardware, computer software, weapons, ammunition, explosives, materials used in the manufacturing of improvised/commercial explosive devices, instructional manuals for criminal acts of mass destructions and acts of terror, including books and tapes(audio,and video), writing utensils and/or paper similar to that which were used to communicate threats to Virginia Tech Campus in the recent past.

[ ] CONTINUED ON ATTACHED SHEET

FORM DC-338 11/05 (1149815 10/07)SSS-AFFID.DOT (OVER)

CASE NO.

AFFIDAVIT FOR SEARCH WARRANT

APPLICANT:

M. D. Austin
NAME

Special Agent
TITLE (IF ANY)

Virginia State Police
ADDRESS

Salem, VA

Certified to Clerk of

Montgomery Circuit Court on
4-17-07

Deputy Clerk [signature]
TITLE SIGNATURE

Delivered to Clerk of

Montgomery Circuit Court on
4-17-07 by the undersigned

SPECIAL AGENT [signature]
TITLE SIGNATURE

[ ] CONTINUED ON ATTACHED SHEET

[ ] CONTINUED ON ATTACHED SHEET

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4. The material facts constituting probable cause that the search should be made are:
See Attachment A

[☐ CONTINUED ON ATTACHED SHEET]

5. The object, thing or person searched for constitutes evidence of the commission of such offense.

6. ☒ I have personal knowledge of the facts set forth in this affidavit OR

☐ I was advised of the facts set forth in this affidavit, in whole or in part, by an informer. This informer's credibility or the reliability of the information may be determined from the following facts:

[☐ CONTINUED ON ATTACHED SHEET]

The statements above are true and accurate to the best of my knowledge and belief.

Special Agent
TITLE OF APPLICANT (IF ANY)

APPLICANT

Subscribed and sworn to before me this day.

4/16/2007 8:31 PM
DATE AND TIME

☐ CLERK ☒ MAGISTRATE ☐ JUDGE

FORM DC-338-(REVERSE) 1/01

Attachment A

On April 16, 2007, an incident involving various firearms, resulting in multiple injuries and deaths occurred on the Campus of Virginia Tech at Norris Hall. Found at the scene of the incident was a bomb threat directed at Engineering School Department Buildings. (Norris Hall is an engineering related building)

Over the preceeding three weeks, Virginia Tech received two other bomb threat notes. A bomb threat note was found in the close vicinity of the shooting which occurred near the victims and presumed suspect who is deceased. The presumed suspect was believed to have multiple firearms including, but not limited to a Walther P22 and a Glock 9 MM handgun.

Based on the affiant's training, knowledge, and experience in similar investigations along with countless other investigations, and discussions with other investigators who feel the same, it is reasonable to believe the note is connected with the shooting incident.

During the investigation it was revealed the presumed suspect recently purchased a handgun at a firearm's store located in Roanoke, Virginia. It is further reasonable to believe suspect is the author of the bomb threat note. Additionally it is reasonable to believe the evidence sought under this search warrant would be maintained, secreted, and stored at the presumed suspect's residence and or vehicle.

S/A

ACKNOWLEDGED BY MAGISTRATE 4/16/07 8:31 PM

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SEARCH INVENTORY AND RETURN

The following items, and no others, were seized under authority of this warrant:

1. CHAIN FROM TOP LEFT CLOSET SHELF
2. FOLDING KNIFE & COMBINATION PAD LOCK
3. COMPAQ COMPUTER SERIAL # CND331001L FROM DESKTOP
4. ASSORTED DOCUMENTS NOTEPADS, WRITINGS FROM DESKTOP
5. COMBINATION LOCK
6. DREMEL TOOL & CASE
7. NINE BOOKS, TWO NOTEBOOKS, ENVELOPES FROM TOP SHELF
8. ASSORTED BOOKS & PADS FROM LOWER SHELF
9. COMPACT DISKS FROM DESKTOPS
10. ITEMS FROM DESKTOP DRAWER WINCHESTER MULTI TOOL, 3 NOTEBOOKS, MAIL, CHECK, CREDIT CARD
11. ITEMS FROM 2ND DOOR KODAK DIGITAL CAMERA KEYS, CITIBANK STATEMENT
12. TWO CASES OF COMPACT DISKS FROM DRESSER TOP
13. DRIVE SEA GATE 80 G.B.
14. SIX SHEETS OF GREEN GRAPH PAPER
15. MINNOW WITH BLUE PLASTIC HOUSING

(CONTINUE AT RIGHT OR ATTACH ADDITIONAL PAGES AS NECESSARY)

16. DREMEL TOOL BOX WITH RECEIPT 17. DELL LATITUDE SERVICE TAG BR3X181

The statement above is true and accurate to the best of my knowledge and belief.

4-17-07 (DATE)

S/A Mat Dayhuff (EXECUTING OFFICER)

Subscribed and sworn before me this day

4-17-07 (DATE)

Dep. Stephanie Politis ☒ CLERK ☐ MAGISTRATE ☐ JUDGE

☐ NOTARY PUBLIC My commission expires

FORM DC-CR 338 3/04 (REVISED 2/07)

EXECUTION

Executed by searching the within described place, person or thing.

4-16-07 9:06 PM. (DATE AND TIME EXECUTED)

S/A M.D. Austin (EXECUTING OFFICER)

Certified to Montgomery

Circuit Court on 4-17-07 (DATE)

S/A Mat Dayhuff (EXECUTING OFFICER)

Received on 4-17-07 (DATE)

by Stephanie Politis (CLERK, CIRCUIT COURT)

Keep Managed Bond

VIRGINIA: IN THE GENERAL DISTRICT COURT OF THE COUNTY OF MONTGOMERY

In Re:)
)
Seung-Hui Cho)

ORDER

This matter came before the Court on the motion of James W. Stewart, III, Inspector General for Mental Health, Mental Retardation and Substance Abuse Services, by counsel, to unseal the audio recording of the commitment hearing of Seung-Hui Cho held on December 14, 2005 before Special Justice Paul M. Barnett for the limited purpose of providing the Inspector General with access to the recording and to release to him a copy of the recording.

Upon mature consideration of the motion of James W. Stewart, III, Inspector General for Mental Health, Mental Retardation and Substance Abuse Services, and deeming it proper to do so, it is hereby **ORDERED** that the Clerk of the General District Court for Montgomery County unseal the audio recording of the commitment hearing of Seung-Hui Cho held on December 14, 2005 before Special Justice Paul M. Barnett for the limited purpose of providing the Inspector General with access to the recording and to release to him a copy of the recording.

It is **FURTHER HEREBY ORDERED** that the audio recording shall remain sealed except for the limited purposes authorized in this Order. Pursuant to Virginia Code § 37.2-425(F), records that are confidential under federal or state law shall be maintained as confidential by the Inspector General and shall not be further disclosed except as permitted by law.

Entered this 7th day of June, 2007.

Judge

I ask for this:

Allyson K. Tysinger
VSB No. 41982
Office of the Attorney General
900 East Main Street
Richmond, Virginia 23219
Counsel for Movant